

JEFFERSON COUNTY LICENSING DEPT
302 E. Broad Street, P.O. Box 658. Louisville, GA 30434
478-625-4032 - Telephone 478-625-0597 - Fax

Application:

Occupational Tax Certificate (F/K/A Business License)

(For clarification, in the context of this application, the term Occupational Tax Certificate and Business License shall have the same meaning.)

New License Renewal Year: #

Section A:

Business Description:

[You are required to list in detail all service and product types rendered.]

Business Location (Check One) Commercial/Business Lot In/At Home Mobile/Door-To-Door

Street Address:

Mailing Address:

[If Different from "Street Address" above. If same, indicate "same"]

Telephone Number:

GA Sales Tax Number (For Retail Stores Only):

Federal Identification Number or Social Security Number:

Section B-1:

Applicant is: (Check One) Owner Manager Employee Other:

Applicant's Name:

(First)

(Middle Initial)

(Last)

Applicant's (Home) Address:

Applicant's (Home) Telephone Number:

Section B-2:

[If same as "Applicant" Information above - indicate "same as above"]

Business Owner's Name:

Owner's (Home) Address:

Owner's (Telephone) Number:

Business Manager's Name:

Section C:

Do you have more than one office or business location in Jefferson County: Yes No

Have business licenses been issued for any of thos : Yes No

Section D:**Required Confirmations****OFFICE USE ONLY**

If any of the following are checked, you must first have those departments approval prior to issuance of a business license.

Planning/Zoning Dept. approved?: Yes ☐ No ☐

Signature: _____

Code Enforcement approved?: Yes ☐ No ☐

Signature: _____

Alcohol License Compliance approved?: Yes ☐ No ☐

Signature: _____

Jefferson County Health Dept approved?: Yes ☐ No ☐

Signature: _____

Other: _____ approved?: Yes ☐ No ☐

Signature: _____

Professional State Certification Number: _____

Mobile: Bond Liability Insurance (Insurance Company Name: _____ Policy # _____)

Section E:**OCCUPATION TAX (BUSINESS LICENSE)**

Occupation Tax Schedule: [text]

Number of Employees: [text]

Up to 5	\$25	_____
6-10	\$45	_____
11-20	\$60	_____
21-30	\$75	_____
31-40	\$150	_____
41-50	\$250	_____
More than 50	\$400	_____

The number of employees includes full-time and full-time equivalent working for the business. The fractional working ties of part-time employees are combined and rounded to provide a more accurate estimate of full-time equivalent employees. The owner and other family members working for the business, whether, paid or not, shall be included in the count.

Carnivals	\$300/WEEK
Pawnbrokers	\$150
Massage Parlors	\$1,000
Auto and Motorcycle racing	\$500
Fortune Tellers	\$1,000
Adult Book Store	\$1,000
Peddlers	\$50.00/DAY or \$500 WEEK

I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to

the best of my knowledge. I further understand that giving false information on the application, to the Jefferson County Board of Commissioners, County Administrator or his designee, shall constitute grounds for revocation of my business license.

x _____

Date: _____

Office Use (Do Not Write Below This Line)

Occupational Tax Fee: \$	Based On: Employees	Flat Fee	Mobile Bus
Mailed	Hand Delivered	W/Pick Up	Other:
SIC#:	Map/Parcel#:	Other:	